

***CGSR/FORM 13– PHD – 07***

**Request for Appointment of External Examiners**

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| Student’s Name: | Department: Biological Sciences |
| Registration Number: | Date of Registration: |
| Thesis Title: | |

Has completed the requirements mentioned in his/her plan of study. Members from the following list may be requested to serve as his/her PhD thesis External Examiners:

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| --- | --- | --- |
| **Name and Designation** | **Complete postal address with email address** | **Rector’s Approval** |
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Supervisor’s Name : **\_ \_** Signature/Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rector is requested to appoint any three out of the above mentioned five External Examiners for thesis review and evaluations.

Head of the Department (Name) Dr. Signature/Date \_\_\_\_\_\_\_\_\_\_\_\_

Dean (Research)

**Rector**

Dean (Research)